

United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box JUN 25 2000  
(Houston Division)

PROOF OF CLAIM

Name of Debtors

Case Number

☐ Stage Stores, Inc., a Delaware corporation  
☐ Specialty Retailers, Inc., a Texas corporation  
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

00-35078-H2-11  
 00-35079-H2-11  
 00-35080-H2-11

Creditor ID#: 788-276

United States Bankruptcy Court  
 Southern District of Texas  
 FILED

\*place an "x" beside the name of the Debtor you are filing a claim against

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Abell Elevator International

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

\*\*\*\*\*AUTO\*\*MIXED AADC 900  
 Abell Elevator International  
 1256 Logan St  
 Louisville KY 40204-2484

☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Michael N. Milby  
 United States Bankruptcy Court  
 Southern District of Texas  
 FILED

JUN 30 2000

Michael N. Milby, Clerk

Account or other number by which creditor identifies debtor:

2526000100

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated: \_\_\_\_\_

## 1. Basis for Claim

☐ Goods sold  
☒ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☐ Other \_\_\_\_\_

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: \_\_\_\_\_

Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

2. Date debt was incurred: 6-1-00

3. If court judgment, date obtained: N/A

4. Total Amount of Claim at Time Case Filed: \$ 45.02

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle  
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,300)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space Is for Court Use Only

Date

6-28-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Brenda L. Banks  
 acc. collections  
 Brenda L. Banks

950

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



**Abell Elevator International**

1256 Logan Street

Louisville, KY 40204

Phone: (502) 636-0363

**STATEMENT**

Bill To: STAGE DEPARTMENT STORE  
POST OFFICE BOX 35668  
HOUSTON, TX 77235-5669

**Location:**

STAGE DEPARTMENT STORE  
211 SOUTH MAIN STREET  
MOUNT VERNON, OH 43050

**Account #** 2576000100

<b>Type</b>	Columbs-OH LS	<b>Status</b>	Active	<b>Date</b>	06/28/00
<b>Territory</b>	Default	<b>Contact</b>	WENDY JOHNSON	<b>Page</b>	1

Date	Type	Ref #	Description	Balance	Days
06/01/00	Invoice	79871	Preventative Maintenance for the period of June, 2000	\$45.02	27
This invoice is over 30 days old. Please pay immediately!					

<b>0-30 Days</b>	<b>31-60 Days</b>	<b>61-90 Days</b>	<b>Over 90 Days</b>	<b>Total Balance</b>
\$45.02	\$0.00	\$0.00	\$0.00	\$45.02

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



**Account #** 2576000100  
**Amount** STAGE DEPARTMENT ST  
\$ 45.02

**Paid**

\$

Abell Elevator International  
1256 Logan Street  
Louisville, KY 40204

79871

06/01/00

Upon Receipt

1111111111 1111111111

STAGE DEPARTMENT STORE  
POST OFFICE BOX 35668  
HOUSTON, TX 77235-5669

STAGE DEPARTMENT STORE  
211 SOUTH MAIN STREET  
MOUNT VERNON, OH 43050  
2576000100

1.00 Regular Service

\$45.02

Preventative Maintenance for the period of June, 2000

\$0.00

Subtotal	\$45.02
Sales Tax	\$0.00
Total	\$45.02

*Please Detatch and Return Stub With Pavment*



1111111111

**Abell Elevator International**  
1256 Logan Street  
Louisville, KY 40204

**Location #** 2576000100  
STAGE DEPARTMENT STORE

**Invoice #** 79871

**Amount** \$45.02

**Paid**

\$